APPLICATION DATA SHEET

Application Information

Application number	Not yet assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Design
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	N/A
Number of copies of CDs::	N/A
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	FOLDING DEVICE FOR BICYCLE
	BODY AND TRANSOM
Attorney Docket Number::	8385/91094 (031285-US)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	Yes

Latin name::	
Variety denomination name::	
Petition included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	P.R. China
Status::	Full Capacity
Given Name::	Xiongxin
Middle Name::	
Family Name::	Ying
Name Suffix::	
City of Residence::	Yong Kang City
State or Province of Residence::	Zhe Jiang Province
Country of Residence::	P.R. China
Street of mailing address::	No. 28, Huan Zhen Nan Road,
	Shi Ying Town
City of mailing address::	Yong Kang City
State or Province of mailing address::	Zhe Jiang Province

Country of mailing address::	P.R. China			
Postal or Zip Code of mailing address::	321306			
Correspondence Information				
Name::	Mitchell J. Weinstein			
	Welsh & Katz, Ltd.			
Street of mailing address::	120 S. Riverside Drive, 22nd Floor			
City of mailing address::	Chicago			
State or Province of mailing address::	IL			
Country of mailing address::	US			
Postal or Zip Code of mailing address::	60606			
Phone number::	(312) 655-1500			
Fax Number:	(312) 655-1501			
E-Mail address::	mjweinstein@welshkatz.com			
Representative Information				
Representative Customer Number: 24628				
Domestic Priority Information				

Application::	Continuity Type:	Parent	Parent Filing
		Application::	Date::

Foreign Priority Information

Country::	Application	Filing Date::	Priority Claimed::
	Number::		
CN	02 2 80221.5	12/05/2002	Yes

Assignee Information

Assignee name:: N/A

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::